STATEMENTE OF ECONOMIC INTERESTS

PRACTICES OCONTERS PAGE - 7 WAR 18 2011

11 APR -5 AM 11: 40 Please type or print in ink. NAME OF FILER (FIRST) (LAST) MAGNUSON 1. Office, Agency, or Court Agency Name Rocklin Division, Board, Department, District, if applicable Your Position ► If filing for multiple positions, list below or on an attachment Redelopment Rocklin FIMANCE Position: 2. Jurisdiction of Office (Check at least one box) ☐ State □ Judge (Statewide Jurisdiction) Multi-County . County of ___ City of Rocklin Other . 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2010, through December 31, Leaving Office: Date Left ____/_ (Check one) O The period covered is January 1, 2010, through the date of The period covered is ________, through December 31, leaving office. 2010. O The period covered is _______, through the date Assuming Office: Date ____/_ of leaving office. Candidate: Election Year _ Office sought, if different than Part 1: ____ 4. Schedule Summary Check applicable schedules or None. ► Total number of pages including this cover page: Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-■ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

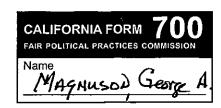
Signatur

Please type or print in ink. NAME OF FILER (MIDDLE) 1. Office, Agency, or Court Agency Name MAHAGEMON Division, Board, Department, District, if applicable ▶ If filing for multiple positions, list below or on an attachment. State of Calipralia Dept 1 2. Jurisdiction of Office (Check at least one box) State ☐ Judge (Statewide Jurisdiction) Multi-County _____ County of _ Other JP A City of _ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2010, through December 31, Leaving Office: Date Left _____/_ (Check one) The period covered is ________, through December 31, O The period covered is January 1, 2010, through the date of leaving office. 2010. O The period covered is ______ through the date Assuming Office: Date ____/__ of leaving office. Candidate: Election Year ____ Office sought, if different than Part 1: ___ 4. Schedule Summary Check applicable schedules or "None." ► Total number of pages including this cover page: ___ Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-None - No reportable interests on any schedule 5. Verification (d)(5)I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the Date Signed 2 Signature . (month, day, year) ur filing official.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.



NAME OF BUSINESS ENTITY BANK	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
GENERAL BANKING	
FAIR MARKET VALUE	FAIR MARKET VALUE
2 \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Western Cife INS Co.	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
LIFE HASURANCE	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$ 10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Other(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
<u> </u>	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Dver \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe) Partnership O Income Received of \$0 - \$499	(Describe) Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
<u></u>	<u></u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name MAGNUSON GEORGE A.

► STREET ADDRESS OR PRECISE LOCATION	► STREET ADDRESS OR PRECISE LOCATION				
5420 WHitney Blud.					
Rocklin CA	CITY				
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000				
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000				
NATURE OF INTEREST	NATURE OF INTEREST				
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement				
Leasehold Other	Leasehold Other				
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED				
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	S0 - \$499 S500 - \$1,000 S1,001 - \$10,000				
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000				
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.				
	lending institutions made in the lender's regular course blic without regard to your official status. Personal loans f business must be disclosed as follows:				
NAME OF LENDER*	NAME OF LENDER*				
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable) .				
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER				
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)				
% None	%				
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD				
[\$500 - \$1,000	\$500 - \$1,000 \$1,001 - \$10,000				
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000				
Guarantor, if applicable	Guarantor, if applicable				

STATEMENT OF ECONOMIC INTERESTS

Clerkyz Office Cithiby Bockin

MAR 3 1 2011 & W

COVER PAGE (143)

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION Please type or print in ink.

NAME OF FILER MAGNUSON HAPR-8	AHII:40 Alexander
1. Office, Agency, or Court	
City OF Rocklin	
Division, Board, Department, District, if applicable	Your Position
Rocklis City Couscil	Council MEmber
► If filing for multiple positions, list below or on an attachment. Rocklin Redelopment Agency Agency: Rocklin Finance Authorit	
2. Jurisdiction of Office (Check at least one box)	
☐ State	☐ Judge (Statewide Jurisdiction)
Multi-County	County of
TCity of Rocklin	☐ Other
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2010, through December 31, 2010.	Leaving Office: Date Left/
The period covered is, through December 31, 2010.	 The period covered is January 1, 2010, through the date of leaving office.
Assuming Office: Date	The period covered is/, through the date of leaving office.
Candidate: Election Year Office sought, if diffe	rent than Part 1:
4. Schedule Summary	
Check applicable schedules or "None." ▶ T	otal number of pages including this cover page:
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached	Schedule D - Income - Gifts - schedule attached
	Schedule E - Income - Gifts - Travel Payments - schedule attached Forgot to File Schedule "D",
None - No reportable interes	is on any schedule on onignal Report
5. Verification	
(d)(5)	
I have used all reasonable diligence in preparing this statement. I have reviewe	
herein and in any attached schedules is true and complete. I acknowledge the	·
I certify under penalty of perjury under the laws of the State of California	that the foregoing is true and correct. (d)(5)
Date Signed Signorth, day, year) Sig	natur (Sila Na accipally signed efficiently with your filips official)
(Morini, voj. Year)	(File the originally signed statement with your filing official.)

HMENARU 3/30/11 STATEMENT OF ECONOMIC INTERESTS COVER PAGE (2 of 3)

Date Received

Please type or print in ink.

	ease type or print in link.
N/	ME OF FILER AGNUSON GEORGE ALEXANDER
1.	Office, Agency, or Court
	Agency, Name Western Placer Waste MANAGEMENT Authorit
	Agency, Name Alestern Placer Waste Management Authorit Division, Board, Department, District, if applicable TPA BOARD Mexicles In the Control of the Con
	▶ If filling for multiple positions, list below or on an attachment.
	Agency: Position:
2.	Jurisdiction of Office (Check at least one box)
	☐ State ☐ Judge (Statewide Jurisdiction)
	Multi-County County of
	□ City of □ Other □ J PA
<u> </u>	Type of Statement (Check at least one box)
	Annual: The period covered is January 1, 2010, through December 31, Leaving Office: Date Left/(Check one)
	The period covered is/, through December 31, 2010. The period covered is January 1, 2010, through the date of leaving office.
	Assuming Office: Date/, through the date of leaving office.
	Candidate: Election Year Office sought, if different than Part 1:
ŧ.	Schedule Summary
	Check applicable schedules or "None." Total number of pages including this cover page:
	Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached
	Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached
	Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached
	-or- None - No reportable interests on any schedule
٠,	/erification
	(d)(5)
	have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained berein and in any attached schedules is true and complete. I acknowledge this is a public document.
ı	certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct (d)(5)
E	eate Signed

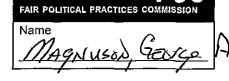
HMEDDEN 3/30/11 STATEMENT OF ECONOMIC INTERESTS COVER PAGE (343)

Date Received

Please type or print in ink. NAME OF FILER (FIRST) AGNUSOD 1. Office, Agency, or Court Agency Name CALIFORNIA & Community Agency: . 2. Jurisdiction of Office (Check at least one box) 28tate ☐ Judge (Statewide Jurisdiction) ☐ Multi-County ___ County of ___ City of ______ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2010, through December 31, Leaving Office: Date Left ____/__ O The period covered is January 1, 2010, through the date of The period covered is _______, through December 31, leaving office. 2010. O The period covered is ____/___, through the date Assuming Office: Date ____/____ of leaving office. Candidate: Election Year ____ Office sought, if different than Part 1: ____ 4. Schedule Summary Check applicable schedules or "None." ► Total number of pages including this cover page: ___ Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -01-None - No reportable interests on any schedule 5. Verification (d)(5)I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing jStrue and correct. **Date Signed** Signature . ng official.) day, year)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)



CALIFORNIA FORM

Do not attach brokerage or financial statements.

NAME OF BUSINESS ENTITY UMPRUA BADK	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Slock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
NAME OF BUSINESS ENTITY KLESTERY CIFE INS CO GENERAL DESCRIPTION OF BUSINESS ACTIVITY	MAME OF BUSINESS ENTITY GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE: //	IF APPLICABLE, LIST DATE:
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Qver \$1,000,000
NATURE OF INVESTMENT Stock Other (Describe). Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/	
Comments	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM FAIR POLITICAL PRACTICES CO	
Name	
MAGNUSON, G	eorge A.

STREET ADDRESS OR PRECISE LOCATION	➤ STREET ADDRESS OR PRECISE LOCATION
Rocklin CA	CITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 10,001 - \$100,000 100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST Ownership/Deed of Trust Easement	NATURE OF INTEREST Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED □ \$0 - \$499 □ \$500 - \$1,000 □ \$1,001 - \$10,000 □ \$10,001 - \$100,000 □ OVER \$100,000	IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
* You are not required to report loans from commercial I	ending institutions made in the lender's regular course
of business on terms available to members of the publ and loans received not in a lender's regular course of	ic without regard to your official status. Personal loans business must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years) %	INTEREST RATE TERM (Months/Years)% None
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000	HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Coope A Magnitus
MAGNUSON, GEORGE

NAME OF SOURCE		TODE MANN & GIVALD		E OF SOURC	E	
	ss Address Acceptab	le) .	ADDF	RESS (Busines	ss Address Acceptal	ble)
		RCE	BUSII	NESS ACTIVIT	TY, IF ANY, OF SOL	JRCE
AttoRNE						
DATE (mm/dd/yy)	•	DESCRIPTION OF GIFT(S) 1 + icket to	DATE	(mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01,30,10	s 100°	KINGS GAME AND DINNER	<u> </u>	//	\$	
	\$			//	\$	
	\$			<i>J</i>	\$	
► NAME OF SOURCE	E		► NAME	OF SOURCE	2	
ADDRESS (Busines	ss Address Acceptabl	de)	ADDF	RESS (Busines	s Address Acceptat	ole)
BUSINESS ACTIVIT	TY, IF ANY, OF SOUI	RCE	BUSIN	NESS ACTIVIT	Y, IF ANY, OF SOL	IRCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE	(mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
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	\$			//_	\$	
► NAME OF SOURCE	E	,	► NAME	OF SOURCE		
ADDRESS (Busines	ss Address Acceptabl	e)	ADDR	ESS (Busines	s Address Acceptab	ole)
BUSINESS ACTIVIT	TY, IF ANY, OF SOUR	RCE	BUSIN	NESS ACTIVIT	Y, IF ANY, OF SOU	IRCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		(mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
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Comments:		- .				